

APPENDIX R
DREDGE REPORTING FORMS

IR Site 7 Sediment Remediation, (HD-S2319)
ACOE PERMIT SPL-2007-00708-TS

CLAMSHELL/HOPPER DREDGING

DATE: _____ DREDGE SITE: PIER T WEST BASIN

LOAD NUMBER: _____ DISPOSAL SITE: NORTH SLIP FILL PIER G

DREDGING START TIME: _____ DREDGING STOP TIME: _____

DISPOSAL START TIME: * _____ DISPOSAL STOP TIME: * _____

FLOWBACK START TIME: _____ FLOWBACK STOP TIME: _____

	PORT	STARBOARD
BARGE DRAFT AT START OF DISPOSAL TRIP:	BOW _____	_____
	STERN _____	_____

BARGE DRAFT ON ARRIVAL AT DISPOSAL SITE:	BOW * _____	_____
	STERN * _____	_____

COMMENTS:

DREDGING AND DISPOSAL OPERATIONS		
Requirements	Yes	If No, Corrective Action Taken
Captain's License Present, *		
ACOE Permit Present		
Monitoring VHF Channels 13 & 16, *		
Electronic Positioning System Functioning, *		
Captain of the Port & Pilots Notified, *		
Load Capacity Not Exceeded		
No Solid Material in Flowback		

* Information that is entered by the Contractor's representative
To the best of my knowledge the information herein is true, accurate, and complete

Contractor's Representative - Signature

Contracting Officer Inspector - Signature

Contractor's Representative - Printed Name

Contracting Officer Inspector - Printed Name

EMERGENCY NOTIFICATIONS: POLB Security (562) 590-4185, USCG (310) 521-3815

IR Site 7 Sediment Remediation, (HD-S2319)
ACOE PERMIT SPL-2007-00708-TS

HYDRAULIC DREDGING

DATE: _____ DREDGE SITE: PIER T WEST BASIN

PIPELINE INTACT?, * _____ DISPOSAL SITE:* _____

DREDGING START TIME: _____ DREDGING STOP TIME: _____

COMMENTS: _____

DREDGING AND DISPOSAL MONITORING	
Direction and Speed of Current, *	
General Weather Conditions and Wind Velocity	
Appearance of Trash, Floatable Material, Grease, Oil or Oily Slick, or Other Objects	
Tide Stage	
Discoloration/Turbidity - Size of Plume & Distance From Dredge or Barge	
Odors	
Depth of Dredge Operations	
Amount of Material Dredged This Day (cy), *	
Cumulative Amount Dredged, *	

* Information that is entered by the Contractor's representative
To the best of my knowledge the information herein is true, accurate, and complete

Contractor's Representative - Signature

Contracting Officer Inspector - Signature

Contractor's Representative - Printed Name

Contracting Officer Inspector - Printed Name

IR Site 7 Sediment Remediation, (HD-S2319)
RWQCB FILE 08-133

CLAMSHELL/HOPPER DREDGING

DATE: _____ DREDGE SITE: PIER T WEST BASIN

LOAD NUMBER: _____ DISPOSAL SITE: * NORTH SLIP FILL PIER G

DREDGING START TIME: _____ DREDGING STOP TIME: _____

DISPOSAL START TIME: * _____ DISPOSAL STOP TIME: * _____

DREDGING AND DISPOSAL MONITORING	
Direction and Speed of Current, *	
General Weather Conditions and Wind Velocity	
Appearance of Trash, Floatable Material, Grease, Oil or Oily Slick, or Other Objects	
Tide Stage	
Discoloration/Turbidity - Size of Plume & Distance From Dredge or Barge	
Odors	
Depth of Dredge Operations	
Amount of Material Dredged This Day (cy), *	
Cumulative Amount Dredged, *	

* Information that is entered by the Contractor's representative

To the best of my knowledge the information herein is true, accurate, and complete

Contractor's Representative - Signature

Contracting Officer Inspector - Signature

Contractor's Representative - Printed Name

Contracting Officer Inspector - Printed Name

**REPORT OF POSSIBLE VIOLATION OF
ACOE PERMIT SPL-2007-00708-TS**

At approximately _____ on _____, 2009, the following incident occurred in connection with the above dredging project:

The Government is investigating the circumstances surrounding this incident. In the event this incident is found to be a violation of the permit, the Government has taken the following steps to ensure compliance with the notification requirements of Special Conditions of the permit:

☐

Reported incident to Army Corps of Engineers, Regulatory Branch at (805) 585-2146 at approximately _____ on _____, 2009, and

☐

Spoke to _____

☐

Left message

☐

Sent fax to (805) 585-2154

AND

☐

Reported incident to USEPA Region IX at (415) 972-3475 at approximately _____ on _____, 2009, and

☐

Spoke to _____

☐

Left message

☐

Sent fax to (415) 947-3537

DATE: _____

INSPECTOR: _____